

**MONTANA BOARD OF MEDICAL EXAMINERS**  
**P. O. Box 200513**  
**(301 S PARK, 4<sup>TH</sup> FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**(406)841-2328 FAX (406) 841-2305**  
**E-MAIL: [dlibsdmed@mt.gov](mailto:dlibsdmed@mt.gov) WEBSITE: [www.emt.mt.gov](http://www.emt.mt.gov)**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

## **FEES**

### **\$15.00 Application Fee**

\*\*Make check or money order payable to the Montana Board of Medical Examiners\*\*

## **DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your application. Please make 8 ½" x 11" copies of the following and submit with your application.

Agenda (the agenda must include: topic, date, instructor(s) and location)

Student Roster (include: full name or maximum number of students allowed into course)

If you have not accepted your students, identify maximum number of students accepted in to program (you must submit after your first day of class identified on agenda)

List of Instructors (include: full name and their role in your course)

Didactic Instructors should be a subject matter expert whose ability to present lecture material has been evaluated by the Lead Instructor. Instructor to student ratio is not an issue.

Practical Skill Instructors must be proficient in the skill they are instructing. They must fully understand and be able to perform, the psychomotor objective they are demonstrating and instructing. An instructor to student ratio must never be greater than 1:6.

Clinical Preceptors shall have documented licensure for at least 2 years to perform the skills, preceptor education, experience and privileges for the field and clinical skills being supervised and evaluated. The preceptor to student ratio must never be greater than 1:3.

All instructors must fully understand the content and depth of the National Standard Curricula being utilized and are under the supervision of the Lead Instructor and Medical Director for Advance Life Support programs.

Identify Physical Location of Training Program

Describe the facility to include physical address, maximum room capacity, description lab areas, instructional materials available, including additional facilities utilized for extrication, scenarios, etc.

List Educational Equipment Utilized in the Program

(Include: type and quantity; this includes medical equipment to be utilized)

Identify Medical Advisor or Medical Director (for ALS program)  
(Include: full name)

Course Policies

Describe how the student records are maintained which ensures their confidentiality.

Describe evaluation tools used to assist the student to determine success or failure during the program. Include the development strategies for written exams, practical skills, role-playing scenarios, or a combination of the above.

Indicate how student success is measured, and provide copies of your American for Disabilities Act policies as they relate to the program.

Describe the role the Medical Advisor in the Basic Life Support education program

Clinical Issues (for ALS Courses only)

Describe the clinical facilities available to the training facility. Include a copy of the contract and description of how they are utilized. The contract must be current and contain the following information as a minimum: contact person(s) responsible for the medical facilities administration, contact person(s) responsible for the medical facilities medical staff, required training for students prior to entering the facility, required liability coverage for students, description of the feedback process and documentation required, and the available times and locations within the medical facility that are available. Provide a separate document defining the expected number of specific procedures that will be available within specific time frames. (i.e. 12 intubations per visit to the surgical unit between the hours of 5 am and 10 am). If this facility is located outside Montana, provide written documentation that the students can function there legally, from the licensing body of that state.

Field Internship (for ALS Courses only)

Describe the field internship available to the training facility. Include a copy of the contract and description of how they are utilized. The contract must be current and contain the following information as a minimum: contact person(s) responsible for the services administration, contact person(s) responsible for the companies medical control, required training for students prior to operating on the vehicles, required liability coverage for students, description of the feedback process and documentation required, and the available times and procedures that are available. If this service is located outside Montana, provide written documentation that the students can function there legally, from the licensing body of that state.

## **APPLICATION PROCEDURES**

When the application is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

Keep the Board office informed at all times of any address changes or changes to the originally submitted application. This is essential for timely processing of applications and subsequent licensure.

## **PROCESSING PROCEDURES**

Once an application is complete, the application takes up to 30 days to process from the time it is received in the Board office.

The applicant will be notified in writing of any deficient or missing items from the application file.

## **NOTIFICATION OF COURSE APPROVAL**

The course approval number (to be used with all correspondence concerning the course) will be posted on the Board of Medical Examiners web site ([www.emt.mt.gov](http://www.emt.mt.gov)) as soon as possible. No other correspondence will be made unless the department is requesting additional information to allow review of the application. An application denied (after additional receipt of additional requested material) will be returned to the Lead Instructor. Applications (including attachments) that are unreadable will not be reviewed and will be returned to the Lead Instructor.

## **POST COURSE REQUIRED MATERIAL**

Immediately following the course completion (within 10 working days) provide the Montana Board of Medical Examiners the following documentation:

- An agenda that reflects the actual course offering (including dates, instructors, and location),

- A roster of students and their status at the end of the program (pass, fail, dropped or incomplete) for every student initially accepted into the course,

- Final course examination scores (both written and practical),
- and a skills documentation form for each successful student.

In the case of an EMT-Basic, Intermediate or Paramedic course include a clinical form for each successful student.

Your course will not be considered completed until receipt of the post course material identified here.

**For information with regard to the processing of this application or other concerns please contact the Board of Medical Examiners staff at 841-2328 or email us at [dlibsmed@mt.gov](mailto:dlibsmed@mt.gov)**

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## Application to Conduct Training:

☐ EMT-First Responder ☐ EMT-Basic ☐ ALS - EMT-Intermediate 99 ☐ ALS - EMT-Paramedic

*The original application must be received 30 days prior to the first day of class  
(according to the proposed agenda) and the course may not begin prior to receiving  
approval (as identified on the web site).*

☐ YES ☐ NO **Do you wish this Course to be listed on the website as OPEN?**

*(If you are willing to accept students from outside your community check YES.  
If yes is checked, your contact name, email and number will be provided on the web site to see)*

### LEAD INSTRUCTOR INFORMATION

**PLEASE PRINT OR TYPE:**

1. FULL NAME: \_\_\_\_\_  
Last First Middle
2. E-MAIL ADDRESS: \_\_\_\_\_
3. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Home Fax
4. LEVEL OF LICENSE: ☐ EMT-FR ☐ EMT-B ☐ EMT-I(99)  
☐ EMT-P ☐ PHYSICIAN ☐ PHYSICIAN-ASSISTANT
5. LICENSE NUMBER: \_\_\_\_\_

*I have submitted this application and it's attachments for the expressed purpose of course approval and I attest that the information contained in this application for course approval is accurate and complete. I will assure that the course and every instructor utilize the National Standard Curricula (NSC) while instructing and the NCS course guidelines will be utilized and I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for course approval and conducting the course. By submission of this application I take full responsibility for the offering of the identified course.*

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date